

ENVIRONMENTAL COMPLIANCE PLAN

Emergency Response (Contingency Plan) II:

Emergency Equipment

List the emergency equipment you have on-site (check all that apply):

EQUIPMENT CATEGORY	EQUIPMENT TYPE	LOCATION*	DESCRIPTION**
PERSONAL	<input type="checkbox"/> Cartridge Respirators		
PROTECTIVE	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
EQUIPMENT,	<input type="checkbox"/> Chemical Protective Aprons/Coats		
SAFETY	<input type="checkbox"/> Chemical Protective Boots		
EQUIPMENT	<input type="checkbox"/> Chemical Protective Gloves		
AND FIRST-AID	<input type="checkbox"/> Chemical Protective Suits (describe)		
EQUIPMENT	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations (describe)		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (i.e., bottle type)		
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatus (SCBA)		
FIRE	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
EXTINGUISHING	<input type="checkbox"/> Fire Alarm Boxes/Stations		
SYSTEMS	<input type="checkbox"/> Fire Extinguisher Systems (describe)		
SPILL CONTROL	<input type="checkbox"/> Absorbents (describe)		
EQUIPMENT	<input type="checkbox"/> Berms/Dikes (describe)		
AND	<input type="checkbox"/> Decontamination Equipment (describe)		
DECONTAMINATION	<input type="checkbox"/> Emergency Tanks (describe)		
EQUIPMENT	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
COMMUNICATIONS	<input type="checkbox"/> Chemical Alarms (describe)		
AND ALARM	<input type="checkbox"/> Intercoms/PA Systems		
SYSTEMS	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
ADDITIONAL			
EQUIPMENT			

* If appropriate, use the location codes from your Facility Map(s).

** Describe this equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals.